Maine Department of Labor	DECLARATION OF DEPENDENCY
Bureau of Unemployment Compensation	Continuation Sheet
Claimant's Name	SSN:

Use this form to continue listing your dependent children.	Attach this form to your Declaration of
Dependency (Form Me. B-70). Use addition	onal sheets if needed.

Dependency (Form Me. B-70). Use additional sheets if needed.						
	DEPENDENT CHILDREN Dependent Child's First and Last Name	Social Security No.	Date of Bir	th	Relationship	
Child #4	Receiving Child Support? YES NO If YES, Weekly Amount \$	Live With You? Mainly Supported by You?	 YE9 YE9			
	Dependent Child's First and Last Name	Social Security No.	Date of Bir		Relationship	
#2	Dependent Child's First and Last Name	Social Security No.	Date of Bil	uı	Relationship	
Child #5	Receiving Child Support? YES NO If YES, Weekly Amount \$	Live With You? Mainly Supported by You?	YE:			
9#	Dependent Child's First and Last Name	Social Security No.	Date of Bir	th	Relationship	
Child #6	Receiving Child Support? YES NO If YES, Weekly Amount \$	Live With You? Mainly Supported by You?	YE			
2#1	Dependent Child's First and Last Name	Social Security No.	Date of Bir	th	Relationship	
Child #7	Receiving Child Support? YES NO	Live With You?	☐ YE	S NO	1	
)	If YES, Weekly Amount \$	Mainly Supported by You?	? TYE	S NO		
8#	Dependent Child's First and Last Name	Social Security No.	Date of Bir	th	Relationship	
Child #8	Receiving Child Support? YES NO	Live With You?	☐ YE	S NO		
0	If YES, Weekly Amount \$	Mainly Supported by You?	? TE	S NO		
Please provide the following information for the children you listed above.						
	Are you <u>currently</u> paying Child Support (not in				_	
	Child Child			hild		
How	How Much \$ How Much \$ How Often? How Often?		''	ow Much \$ ow Often?		
Child	Child Child			hild		
	How Much \$			_		
How	How Often? How Often?		H	ow Often?		
I						
G. Are you receiving public assistance (including TANF) or is public assistance being paid to someone else for any of the dependents listed above? YES NO If YES, provide the following:						

G. Are you receiving public assistance (including TANF) or is public assistance being paid to someone else for any of the dependents listed above? YES NO If YES, provide the following:						
Child	Child	Child				
Type of Payment	Type of Payment	Type of Payment				
Amount \$	Amount \$	Amount \$				
How Often?	How Often?	How Often?				
To Whom Paid?	To Whom Paid?	To Whom Paid?				
Child	Child	Child				
Type of Payment	Type of Payment	Type of Payment				
Amount \$	Amount \$	Amount \$				
How Often?	How Often?	How Often?				
To Whom Paid?	To Whom Paid?	To Whom Paid?				